

THE MEDICAL AND SURGICAL REPORTER.

No. 1004.]

PHILADELPHIA, MAY 27, 1876.

[VOL. XXXIV.—No. 22.]

ORIGINAL DEPARTMENT.

LECTURE.

STRICTURE OF THE URETHRA.

A Clinical Lecture by F. F. MAURY, M. D., Surgeon to the Philadelphia Hospital.

REPORTED BY CHARLES WINSLOW DULLES, M. D.

GENTLEMEN:—This man, aged thirty-five, comes before us with some urinary difficulty, which we suspect to be a stricture of the urethra. The first thing I will do will be to have him lie down between blankets, so that he shall be kept as warm as possible, with his shoulders elevated by pillows, and his knees drawn up. Such a position is the easiest in which to explore the canal, and the best to observe, until experience shall warrant your modifying it at your own discretion. His body is covered with a blanket, and another one protects his legs, and between these I can get at the region about the penis.

Now, in reply to questions I ask, he tells us that he has no water in his bladder; that he made water about ten minutes ago, voluntarily, and not on account of nervousness about coming into the clinic; that he also made water about a half hour prior to that. This point of nervousness you must never lose sight of, for it is important. Many a man cannot urinate if he knows any one is looking at him, and you are aware how irritable are the bladders of medical students when about to be examined. So don't forget to make allowance for the influence it may have upon the action of a patient's bladder.

The man tells us, also, that he passes water about once every hour during the day, and once every half hour at night. So he does it

about thirty-six times in twenty-four hours. I need scarcely say this is much too often. I think a man should empty his bladder about six times in twenty-four hours. He should never feel a strain upon it, or be painfully aware of its existence. In the normal condition, the mucous membrane tolerates healthy urine in moderate quantity without any sensation; but if the urine cannot be freely voided, or if from any cause it be retained long enough for the salts to be precipitated, the bladder resists and becomes irritable. Then it will act often, and with undue violence. Such is the result of stricture of the urethra; and then usually follows hypertrophy of the muscular coat, just as in a blacksmith the biceps is excessively developed by excessive use. An enlarged prostate may produce the same effect; but you would scarcely expect such a cause in a man of thirty-five. A calculus might do the same, but there is none in this case.

Now I will explore the urethra. I tell the man to breathe through his mouth, so as to prevent his straining; and, taking a Sir Henry Thompson's bougie, No. 20, well oiled and moderately warmed, I insinuate it into the meatus urinarius. Not that I expect to pass it into the bladder, but because a large instrument should be used for the first exploration. The instrument glides gently downward for about an inch, and then meets a slight obstruction. Applying the least possible pressure, it slips through, and I feel something tear. Observe, I used no force. My rule is, if no good is done, at least to do no harm. You might ask if I am not afraid to make the little laceration which I have made, the evidence of which is seen in these few

drops of blood? I say, "No!" If it were low down, below the spongy portion, I should be afraid of making a false passage; but not here. As it is, I have not given any pain, nor used any undue violence. There is no need to use ether; and I rarely have recourse to it. Acting gently, kindly, and delicately will save you many an embarrassment, and secure the confidence of your patients. Now I find another constriction, which resists the gentle pressure I make, so I take a No. 17, which passes through to the bladder. I know that it has safely arrived, because the handle takes a position with its flat surfaces looking directly upward and downward, and I find the curved part can be freely swept round in the bladder. This motion could not be possible if the instrument were anywhere else.

At this point I complete my examination of the patient by inserting my finger into the rectum. In doing this, always see that your finger has no hang-nails or sores upon it, and that it is well oiled, because it would be easy to contract syphilis, if it existed in the patient, were these precautions neglected, not only in hospital, but also in private practice.

I coax the finger in with a gentle rotatory motion, and find, to my surprise, a very much enlarged prostate. This is quite uncommon in a man so young, and proves the importance of not neglecting to be thorough.

I now take larger instruments, and pass successively No. 18, No. 19, and No. 20. The last is the one which failed in the first instance; but the stricture has been gradually dilated, until it passes with little difficulty. This process of "gradual dilatation" is the safest, easiest, and most readily accomplished by young practitioners. It is the one I would recommend you to use, remembering always that every operation upon the urethra, however simple, may give rise to a fatal result. The simple passing of a sound has been followed by death, at the hands of some of the most eminent surgeons that have ever lived. Therefore, you must always use the utmost caution, seeing that your patients are in as good condition as is possible, that they suffer no unnecessary exposure, and that each act of your own is undertaken with the greatest care.

For our patient, I shall order three grains of quiniæ sulph. ter die, the avoidance of all stimulants, and the use of large diluent drinks. He shall receive a quart of barley water daily, to each tumblerful of which a drachm and a

half of spirits ætheris nitrosi shall be added. Less than this quantity, I think, does no good. Nor would I use any stimulating or mineral diuretic.

Because he has an enlarged prostate gland, I will order a warm hip bath daily, and, if necessary, a half dozen leeches to the perineum. The use of sounds will be renewed after a few days, and continued for some time, with gradually increasing intervals, after the urethra has been dilated to such a calibre as shall seem expedient. When he goes away from us, he will be given an appropriate instrument, and taught how to use it, so that he may prevent the recurrence of this stricture. In this way only can he be sure to avoid having again the same trouble he has now.

COMMUNICATIONS.

COMPOUND COMMINUTED FRACTURE OF THE FOREARM—MORTIFICATION, FOLLOWED BY A LOW STATE OF THE PATIENT—AMPUTATION.

BY J. V. SHOENAKER, A. M., M. D.,
Of Philadelphia.

On a certain Tuesday in July, Dr. T. A. McRean was called to see a young man, Horace C., twenty-five years of age, who had been run over by a passenger railway car the previous Tuesday, and had the right forearm crushed near the wrist. The particulars of the accident, as well as could be collected, are as follows:—

Horace C. had charge of Mr. Gould's furniture store, Second and Spruce streets. This Tuesday morning, a furniture car was standing at the door, ready to start, being loaded with goods. Horace, thinking the furniture was not well secured on the car, tried to place it in the proper state; in doing so, he placed one foot on the hub of the wheel, and the other on the spoke, pulling the cord tighter. While in the act, the cord broke, and he fell under a passing street car. A crackling noise followed, which he thought was on the pavement, having no idea he was hurt. The left hand had to be used in raising the right, but still he did not imagine the right was much injured. A homœopathist was called, who examined the arm, said it was not fractured, and applied splints, saying he would call the next morning. The next day the patient grew worse, and being unable to leave the house, a doctor was summoned. For

two or three days this physician attended him, but his condition becoming alarming to the family, they called in a surgeon. He found the parts in such a condition that he could give them no hope.

The Monday following the accident, Dr. McRean the family physician for more than twenty years, was called in. He informed the family there was very little hope for the patient, as the arm was gangrenous above the elbow. Beef tea, milk punch, iron, and quinine were ordered to be freely administered from time to time. The doctor said the case was almost a hopeless one, and he desired a consultation. To this they willingly assented, and the following day, Tuesday, one week from the time of the accident, Prof. William H. Pancoast and Dr. McRean met in consultation, to examine into the condition of the patient, and to decide what was best to do. I was present at the examination and consultation, and it appeared as if the hand of death had already touched the patient, so low and exhausted was his state. He had a cadaverous appearance; the skin was clammy; pulse weak, and breathing hurried; gangrene had set in, involving the arm from the fingers to three or four inches above the elbow joint, and the odor given off from this putrefied mass was so offensive that the family were hardly able to endure it. On entering the house by the front door, the moment it opened the peculiar and disagreeable smell of *gangrene* could be distinctly recognized.

The inflammation appeared to be rapidly extending to the adjacent parts. The inflammatory condition had involved the shoulder, the axillary glands, and somewhat discolored the upper portion of the right side of the chest. The superficial fascia of the upper portion of the shoulder, and even the chest, were puffy and distended with gas. The pectoral muscle stood out, giving a round and rotund appearance to the shoulder and chest, and forming quite a contrast with the opposite side. Dr. Pancoast then made several incisions in the upper part of the arm, near the shoulder, like a Spanish sleeve, the gas rushing out with a hissing noise. This relieved the distended and congested appearance of the tissues, and the parts now began to look more natural.

In opening the arm below the joint, the parts just beneath the skin were found to be filled with an immense number of maggots. Oil of terebinthine was then freely applied, which destroyed the maggots.

Dr. Pancoast thought the case a very unpromising one, and determined not to operate until the patient's system could respond properly to the treatment. The tonic and sustaining treatment was kept up from day to day, with a slow but marked improvement in his condition. In the course of twenty-four hours he had taken the essence of three pounds of beef, thirty ounces of cream, and ten of brandy. With the gain in strength his spirits rapidly improved. Ten-grain doses of chloral, repeated every hour, were given at night, which induced sleep.

The clammy skin, hurried respiration, weak pulse, and the congested, livid and gaseous state of the shoulder and chest, in one week from the time Dr. Pancoast had seen the patient, had all disappeared, and, instead, he now had a moist and healthy state of skin, good pulse, and had rallied very much. Although urged every day by the patient, his family and friends, to operate and rid him of the dead and offensive arm lying at his side, still Dr. Pancoast would not remove it until he thought there was a chance of saving the patient's life. In his former condition it would have been sure death to have removed the arm at the shoulder joint, as the tissues were all diseased below, and he could not have borne the shock. After thus waiting, and carefully watching the patient until he had regained enough vital force to bear the shock of an operation, Professor Pancoast, one week from the day he was called, decided to operate.

As being in readiness, ether was cautiously administered, while the dead limb was banded from its extremity to the line of demarcation. The brachial artery at the same time was compressed by the tourniquet, managed by a skillful assistant. Dr. Pancoast then grasped the soft parts about nine inches below the shoulder joint, and passed his knife around, making skin flaps down to the line of demarcation between the gangrenous and healthy tissue, in order to save all the soft parts possible. About two inches above this line a circular incision was made, through the flabby muscle, down to the bone. The soft parts were then drawn back, with the three-tailed retractor, by the assistant, and the periosteum being peeled up, the bone was quickly severed with the saw. The brachial artery and its branches were secured, and the median and ulnar nerves were retrenched above the line of section through the muscle, so as to insure the ends from being caught in the cicatrix: if this precaution

is neglected the nerves are liable to be thus caught, causing inflammation and neuro-matous tumors. Exquisite pain and excessive sensitiveness of the stump often follow, rendering it useless, and the life of the patient almost worthless by suffering.

The oozing still continuing from the bone and muscular tissue, ligatures were applied around some of the tissue, and soap styptic freely rubbed over the surface, at the same time leaving it open to fresh air, a very good styptic in itself. The bleeding soon ceased, and the flaps were brought nicely together with sutures of black sewing-silk, well waxed, much used in surgical dressings by Dr. Pancoast in his clinical and private practice. Black sewing-silk is especially good in approximating delicate surfaces, as in parts about the face. Being black, it is very easily found. It is better borne by the flesh, and being so delicate in texture it makes very little of a seton, and will remain in longer without causing ulceration. The parts were dressed with adhesive strips and patent lint spread with benzoated oxide zinc ointment, flavored with carbolic acid. The patient was then placed in his bed, and given one-half grain of morphia, hypodermically. Beef-tea, broths, and quinine, with a small amount of stimulants, were ordered. The day after the operation the patient was much improved, and continued daily to grow better, the wound suppurating freely by the opening left for drainage at the side of the flaps, until the fifth day, when the wound was dressed for the first time since the operation.

In two weeks from the day of the operation the patient was sitting by the window enjoying the change and pleasant weather. The third week he was out driving in the Park, and now he has resumed his active occupation, having a useful stump eight inches in length.

MELANO SARCOMA OF THE RECTUM.

BY GEORGE HALSTED BOYLAND, M. D., M. A.,
Of Baltimore, Md.

The following interesting case occurred in Paris, in the practice of one of the *externes des hôpitaux*:—

Athénais O., 54 years of age, housekeeper, entered the hospital of "la Pitié," in the clinic of Prof. Laségue, on October 8th, 1875. She was afflicted with cancer of the rectum, according to the physician who had recommended her.

There is nothing hereditary about this patient, and her father and mother still live. For the period of a year her digestion has been impaired, but she never vomits her food; and during the same time she has had alternations of diarrhoea and constipation. Four months ago she had several hemorrhagic stools, and she has since lost strength very rapidly. Soon after she entered the hospital we detected very easily a tumor about five or six centimètres from the anus, quite hard, and growing on the posterior wall of the rectum. We cannot reach the upper limit with the finger. Little by little the general condition becomes more grave; the anorexia increases; a severe diarrhoea, with violent colics, continue to exhaust her; there is no œdema on the lower extremities. The patient is placed on milk regime. The general condition becomes every day more serious. The 18th of November, she complains of pain in the region of the liver. She has subicteric color, generalized, and œdema on the lower limbs; the liver has increased in size considerably. Day by day the œdema becomes more considerable; the skin of the legs ulcerates and gives off an enormous quantity of serum. The ascites ascends to the level of the umbilicus. There is no pulmonary œdema. The constipation is always obstinate. The patient becomes progressively weaker, and dies the 15th of November following.

Dr. Nepreu, director of the Pathological Institute, having made the autopsy, gives the following note: The rectum, to the extent of ten centimètres, from the anus up, and in its entire calibre, is occupied by a black mass, resisting pressure, and elastic, one centimètre and a half in thickness. This mass presents on its surface warty protuberances, of different size, of the same consistency, of which some are hardly exulcerated, and resemble mulberries. Mucus passes unbroken, or nearly so, over all its unevenness. The whole calibre of the rectum is strictured to a high degree, but would still allow a fecal mass of very small size to pass; the anus is strictured, and in opening the folds on the cadaver we can there see several warty protuberances, black and shining.

The rectum is closely adherent to the vagina, and to the lower part of the uterus, but can be detached easily enough therefrom. The uterus offers a series of small fibrous bodies, of which none are larger than a filbert nut, but the whole would thus stricture greatly the smaller pelvis and

compress the rectum. The vertebral ganglions in the abdominal region are for the most part increased in size, and among them some are without color; the others, and the greater number, completely black. The same with the mediastinal ganglions. The thoracic canal presents a very neat *café au lait* color.

Among the viscera, the liver is the most altered, weighing five kilos, and presents on section black masses clearly projecting from the clear ground of the parenchyma, and of very variable volume. The aspect of a section of *paté* well stuffed with truffles would give a very good idea of it.

The parenchyma of the kidneys offers nothing particular, but the ganglions of the hilus and the adipose covering of those organs are infiltrated with melanic matter. The lungs and spleen offer no nucleus of generalization. The vertebrae and ribs are of a very deep black tint. Finally, in the intercostal spaces we observe several black masses, more or less voluminous. The brain could not be examined. The other organs and the skin are entirely healthy. In several of the intercostal veins, in relation with certain metastatic nuclei, I was able to see perfectly several small particles of melanic matter (See Soc. Biologie, 1872, diagnostic of melanic tumors by examination of the blood, of the urine and sputa). I made a microscopical examination of this tumor: it is a fuso-cellular sarcoma.

DAMIANA.

BY DR. J. T. ROTHROCK,

Of Wilkesbarre, Pa.

IN THE MEDICAL AND SURGICAL REPORTER, for March 4th, 1876, will be found an article of mine, on "Damiana, or Yerba Anti-Rheumatica." From specimens forwarded to Dr. Brinton by Dr. Mears, of Monterey, Mexico, I determined the plant to be "*Bigelovia veneta*," Gray; and thinking it highly improbable that this plant could possess the properties accredited to it, or that, if it did, a number of related species would have the same therapeutic powers, I did not hesitate to express my conviction. All that I then and there said, concerning "*Bigelovia veneta*," I still adhere to. I also, more briefly, made myself responsible for similar views in the *Botanical Bulletin*, about the same time. I do not, in any sense, "yield my views concerning the botanical history" of that so-called

Damiana. As to whether I entertain the same views concerning the plant now known as "*Turnera aphrodisiaca*," also called Damiana, is quite another question.

The latter plant, Dr. Helmich, of Washington, has furnished me specimens of. Mr. Ward has prepared a good description of it. The specific name, however, is open to the objection that it affirms of the plant the very quality that yet needs further evidence to substantiate. It is only fair to say, that, in so naming it, Mr. Ward did not intend to pledge himself to a belief in the reputed therapeutic properties. On this plant (from Western Mexico) Mr. Wellcome made some statements, October 5, 1875, before the New York Alumni Association of the Philadelphia College of Pharmacy, and these, or an abstract of them, were published in the *American Journal of Pharmacy*, 1875, p. 518. He also derived his specimens from Dr. Helmich.

Thus far, we can specify: First. There is the plant I have already called attention to, as "*Bigelovia veneta*," Gray, and in which I have little or no faith, on general principles. So far as one may judge from the statement, and figure 3, that Mr. Wellcome has given (*American Journal of Pharmacy*, 1875, p. 518), I believe he there refers to this plant, "*Bigelovia veneta*." It is true that it met with a ready sale, and I stand prepared to amend my opinion, on presentation of favorable facts based on a fair clinical experience.

Second. There is the plant imported by H. Helmich & Co., from Western Mexico, and now known as "*Turnera aphrodisiaca*," Ward. Fig. 2, of the same paper, illustrates what appears to be a closely related species, reaching us from Mexico via San Francisco. As to its therapeutic value, I have no precise information.

Third. In *New Remedies*, March, 1876, p. 75, there is an extract from an article by Mr. E. M. Holmes, published in the *Pharmaceutical Journal and Transactions*, January, 1876, and what appears to be still another Damiana is introduced. This was brought, via New York, from South California (?) to England, and on comparison at Kew proved nearly related to "*Turnera microphylla*," D. C., yet not identical, belonging, probably, to an undescribed species. So far as I can judge from the fragmentary evidence, it does not belong to either of the species above alluded to. The extract gave no statement as

to the therapeutic value of this plant being proven.

On this question a number of articles have recently appeared in our medical journals, and

I call attention to one published in the *Virginia Medical Monthly*, for April, 1876, p. 47, inasmuch as, through my first paper on Damiana, this one is connected with it.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Urine of the Fœtus.

In the *Wiener Medical Zeitung*, Dr. Englisch gives some interesting information upon this subject.

First, the question arises, Is there any absolute necessity that a fœtus *in utero* should secrete urine? A series of preparations exhibiting defective conditions of the foetal urogenital system have convinced the author that a fœtus may attain the age of seven or eight months without ever producing a drop of urine. The kidneys may be wanting, or rudimentary, the ureters obliterated, the bladder undeveloped, etc., and yet the fœtus may attain the above age. So, too, in some forty cases there has been found atresia of the urethra, or absence or defects of the ureters, the fœtus reaching the eighth or ninth month without passing a drop of urine.

Occupied for some years past in examining into the causes of obstacles to the passage of urine at different periods of life, Dr. Englisch has arrived at the conclusion that diseases of the kidney are of much greater frequency in children than is generally believed. As to the occurrence of albumen, he has found that when great obstruction exists to the discharge of urine, the kidney passes into a state of hydronephrosis; but when this exists in a less degree, albumen appears in the urine. The obstruction may take its rise in the valvular folds situated at the upper part of the ureter, or at the lower part of this. Nor is it a matter of indifference to the individual whether a ureter pursues a longer course than usual within the walls of the bladder, for it is in the kidney of that side that hydronephrosis occurs. In five cases, atrophy of the kidney has resulted from obstruction caused by the curving of the mucous membrane of the orifice of the urethra into a diverticulum. The secretion and discharge of the urine have also been greatly interfered with by the hypertrophy and increased muscular contraction of the walls of the bladder. In his numerous examinations of the immature fœtus the author has found at this period the walls of the ureters are in the closest contact, so that even by the aid of a microscope no interval could be detected. At a later period a slit is

observed, which becomes first elliptical and then rounded in form; but stenosis or partial adhesion of the walls of the ureter are also observed. Such adhesions are also found at the orifice of the ureter, at the neck of the bladder, and in the prostatic portion of the urethra, etc. In face of so many obstructions which may be found in new-born children to the flow of the urine, and which may give rise to dilatation or disappearance of the kidney, dilatation of the ureter, hypertrophy of the bladder, etc., it is not surprising that albumen should be found in the urine so frequently.

The Treatment of Severe Sprains.

On this topic Mr. S. Gamgee says, in the *Lancet*, not only can the patient bear well-applied pressure from the first, however great the swelling and acute the pain, but it may be laid down as a general proposition, to which I have never seen an exception, that, in severe sprains, effusion is most surely checked, and, once it has occurred, its absorption is most rapidly promoted, while pain is most effectually relieved, by pressure and immobilization. It is as true now as when Velpeau taught it, that "compression is the sovereign resolvent in contusions with infiltration and swelling."

By way of illustration, I may briefly relate the progress of a case in which I was consulted by my friend and colleague, Mr. John Clay. His patient, an elderly gentleman, had recently sprained his right ankle in going over a plowed field. As he had a policy in one of the accidental insurance companies, its medical officer saw the case, and he advised an incision, to give vent to matter, which he thought had formed in the centre of the swelling. In this advice he was sustained by a hospital surgeon, who was, additionally, called in on behalf of the company. Mr. Clay, dissenting, invited my attendance. I found the right ankle hot, and exquisitely painful. It was so much swollen that its circumference over the heel exceeded that of the corresponding sound joint by nearly an inch and a half. The skin on the outer side of the ankle was especially hot, red, tense, and shining; palpation in this situation communicated a feeling of elasticity, closely simulating, but not amounting to fluctuation.

With Mr. Clay's concurrence and assistance,

I enveloped the limb from the toes to the knee in fine cotton-wool, applied well-moulded pasteboard splints on each side, bandaged with methodically uniform compression, and starched the outside. A second consultation was held in the course of three days, when I found the patient very much easier. He had had a good night's rest and had been able to turn over in bed, and could bear the limb lifted and put down again without pain. On opening the apparatus in front I found the swelling had considerably decreased; the previously red skin was yellowish, and shriveled, like the skin of a late russet apple, not looking, as at my first visit, like the red shining skin of a prime Blenheim. That shriveled look is always a good sign. I pared the edges of the case, and readjusted with firm pressure. Three days later more shrinking was met by fresh paring, and still firmer bandaging. At a consultation held a fortnight after the first, the patient was perfectly easy. No one thought any more about puncturing in search of matter. The insurance company compromised the affair by paying down a substantial sum of money, and I replaced the pasteboard apparatus by strapping the joint with emplastrum elemi spread on leather, and a Churton's bandage applied with smooth firmness.

When I last saw the patient with Mr. Clay, he was walking about his garden with a stick; the plaster had been very properly removed, and the swelling had subsided, the only difficulty to locomotion being stiffness of the joint. I cracked the adhesions by using the requisite amount of well-applied force, and we concurred in advising free use of the joint. In a note which I received from my colleague seven weeks after our first consultation, he wrote: "Our patient is progressing very satisfactorily; he comes to business every day, walks about a good deal, and does not require surgical supervision."

Gastric Vertigo.

The following excellent article is by Dr. C. A. Brice, in the *West Virginia Medical Student* :—

I would call particular attention to this trouble, which is almost always associated with, and dependent upon, an accumulation of gas in the stomach. This is a most distressing trouble, and until the patient fully realizes his exact condition, and that his ultimate recovery is certain, he will be perfectly miserable, thinking he is going to be paralyzed, or that he has serious disease of the brain. I must thank my friend and former professor, Dr. L. S. Joynes, for relieving my mind, and making a very correct diagnosis of my own case, when I was a great sufferer from this real disease. The patient will hardly know how to describe his feelings. It is not literally a vertigo, but a general foolish feeling, want of power to think closely and correctly, and this condition is frequently associated with perverted vision.

These symptoms come on suddenly, thus alarm the patient and prevent him from feeling safe in walking, or trusting himself alone; and they leave suddenly. He lives in constant fear of an attack, which is always returning, making him lose confidence in himself, and depressing his spirits until after a while life itself is a burden. As a medical man, I have experienced all of this in my own case, and have since recognized and treated it in my patients. Many a poor dyspeptic has run the gauntlet of every imaginable drug, thus weakening the powers of the stomach and aggravating his complaint for the want of a proper diagnosis. I have been thus particular respecting gastric vertigo, because the books are deficient upon the subject. I have never been able to find anything that fully described my own case, or any general case of the kind.

Concerning the treatment of this complaint, I will say that the long and faithful use of strychnia, charcoal, pepsin and calomel magnesia, did me more good than anything else. Of course my diet was cautiously regulated, and I have found that prudence in eating and drinking constitutes the most efficient treatment for this class of dyspeptics. The peculiar mental condition in such cases is enough to make us investigate the disease fully. Many a patient suffers for a long while before mentioning it to his medical attendant. I have had patients to tell me, confidentially, that they feared losing their minds, and would go on and give the exact symptoms of gastric vertigo, which would always yield to treatment; but I will say, that in no case have I seen anything do good speedily; nothing but strict attention to diet, and the prescribed remedies kept up, sometimes for months, can relieve the patient.

There is this peculiar feature of the trouble, it is worse in the morning and evening. A patient will be unfit for any physical or mental effort until 10 or 11 o'clock in the day, and for the next several hours he experiences relief. Toward sunset, however, his trouble returns.

Treatment of Typhoid Fever by Cold Baths at Heidelberg.

The *Doctor* states that the results, according to Dr. Schultze, obtained at the Heidelberg Hospital in the treatment of typhoid fever by cold baths, compared with those by other methods, show that there were only 16 deaths among 237 patients treated with cold baths in the years 1871, 1872, and 1873, whilst there were 18 deaths among 218 patients treated by other methods. When a patient's temperature reaches 103° he is plunged in a cold bath, and at the same time two or three watering-pots of cold water are emptied on his head. The temperature of the bath ranges from 77° to 72°, rarely colder; in some cases it has been carried to 81° or 86°. That of the water in the watering-pots ranges from 54° to 59° in summer, and from 50° to 40° in winter. On leaving the bath the patient is laid on a special mattress containing

cold water, for which one with tepid water is substituted later on. At the same time bladders of ice are placed on the chest and abdomen, whenever the constitution of the patient permits.

This treatment, which prevents, according to Dr. Schultze, complications of the nervous system and lungs, as well as lesions caused by decubitus, has, however, the inconvenience of causing a considerable increase in the number of intestinal hemorrhages, amounting to 9.6 per cent., instead of 5.3 per cent. when the patients were treated by other methods.

Cold baths did not predispose to pulmonary complications, but, on the contrary, act as expectorants. The different forms of delirium and complications, the result of decubitus, are very much increased. Neuralgia and pains of the feet and muscles of the lower extremities appear frequently, but relapses and venous thrombosis are much rarer.

Dr. Schultze notices two cases of death during the hydropic treatment, from gangrene of the upper extremities, and states that the only contra-indication for this method of treatment is collapse, and that it would not occur so often if this method was systematically carried out.

The Mechanical Action of Pessaries.

In a recent discussion of this subject at the London Obstetrical Society, Dr. John Williams read a paper thereon, in which he discountenanced the employment of Hodge's pessaries in cases of retroflexion of the uterus, advocating a form similar to that recommended by Schultze, viz., a ring bent into the form of a figure of 8, one end being much smaller than the other.

Dr. Braxton Hicks thought that Hodge's pessary was the most practical one existing. Even where the uterus was very tender and sensitive to the touch, a Hodge might still be employed, the fundus getting out of the way, and allowing the intestines to fall down behind in cases of retroflexion, so that the instrument was tolerated. A Hodge was easily applied, rectified, and altered. That suggested by Dr. Williams was less easy of application, the difficulty being in getting the cervix into the opening of the ring.

Dr. Graily Hewitt entirely concurred in what Dr. Williams stated as to the importance of the dragging action of the pessary on the cervix uteri in regard to its efficiency in helping to restore the uterus to its proper shape. The cervix was thereby made in some degree a fixed point, and thus an exceedingly necessary object was secured. In his own practice he had obtained very great benefit from attention to this mechanical axiom. In severe and long-standing cases of retroflexion the posterior portion of the pessary must be made long enough to actually touch and carry the fundus upward to a sufficient extent. The repeated use of the sound was in such cases necessary. In cases of ante-flexion, he wished to state that for some time past he had been accustomed to place the cradle-

pessary, not with the small ring backward, as represented in the third edition of his work on Diseases of Women, but with the large ring backward.

Dr. Playfair considered pessaries of great value; in fact, no one could treat cases of flexion satisfactorily without them; but unless careful attention were directed to the concomitant conditions—congestion, inflammation, hyperplasia, etc.—we should not succeed. It was easy to run into extremes by neglecting or making light of conditions, and relying simply on exclusive attention to mechanical assistance. He regarded Hodge's pessary as a most admirable instrument.

Dr. Bantock agreed with Dr. Williams that a Hodge was of very little use in retroflexion. It acted by dragging back the cervix uteri, and so doubling up the uterus. A Hodge was only of use in retroversion. An intra-uterine stem must first be passed to relieve the flexion.

Dr. Aveling considered that the treatment of flexions and versions should be different. A Hodge was valuable in retroversion, but not in retroflexion until an intra-uterine stem had been inserted. He did not believe that the pessary doubled up the uterus, the fundus not being fixed. In old cases of confirmed rigid flexion a Hodge was of no use.

Dr. Hayes differed from Dr. Williams in regard to the value of Hodge's pessary in the treatment of retroflexion, and as to its mode of action. He thought the instrument most useful. If the normal position could not be maintained, it frequently relieved the backache, sense of bearing down, and dragging pain in the left ovarian region. He regarded the action of the pessary as that of a shifting lever. Where the posterior *cul-de-sac* of the vagina was short, little benefit was derived from a Hodge, as the upper end was prevented from pressing against the fundus.

Applications of Caoutchouc in Surgery.

The Doctor says:—Professor Courty, in reviewing the numerous advantages possessed by caoutchouc in surgery, at one of the meetings of the Association for the Progress of Science in France, showed that the treatment of chronic ulcers of the legs by this means presents numerous advantages. It is carried out in this manner by him:—After having washed the ulcer he applies a mild stimulant; he then covers it with a bandage, over which he rolls an elastic band, which in its turn is surrounded with another bandage. When the wound is considerably closed in he abandons this medication and applies ointment on lint to the ulcer, the cicatrization of which is completed at the end of from two to three weeks. Professor Courty has amputated uterine polypi, hypertrophied cervixes uteri, tumors of the rectum and anus, etc., by elastic ligatures.

M. Gayet reported having divided the pedicle of an ovarian tumor by the same method, in twenty-two days, without any inconvenience.

M. Letenneur removed an epithelioma of the tongue with elastic ligatures, applied in segments, in eight days.

M. Laroyenne, of Lyons, remarked that cauterization of tissues rendered anæmic by means of Esmarch's elastic bandage gives better results than when it is practiced on parts in which the circulation has not been suspended. Although it is not apparent at the moment of operation, the hot iron produces its effects more deeply. The surface for cauterization contains no liquid, it does not produce vapor, and the operator can watch the exact points to be attacked better. The integuments do not redden under the influence of the radiating caloric, they preserve their color or become slightly pale; the extent and depth of the cauterization are only shown when the elastic bandage is removed.

These effects can be explained by the diminished loss of heat that the iron undergoes when it is not in contact with liquids which, as a result of the high temperature, are converted into vapors. When it is necessary to act on fungoid tissues in osseous parts deeply situated, this means ought to be preferred to all others.

Epilepsy from Preputial Irritation.

Two cases of this are given by Dr. W. R. McMahan, in the *Chicago Medical Journal*. The first was seized January, 1874, with a contracted, trembling condition of voluntary muscles; grinding the teeth, and foaming at the mouth. This condition lasted from one to two minutes, when relaxation commenced, which merged into stupor of several hours' duration, when he awoke rational. His penis was now noticed to be erected, and on examination (by his parents) found in an irritated condition. He had several seizures during the first two days, and then none for several weeks, when the cycle was repeated.

On December 22, 1875, I examined his genital organs, and found a long, redundant prepuce, and partial phimosis. The prepuce was retracted over the corona with great difficulty. After its retraction, the crease behind the corona was found in a suppurating condition. On the sides of the corona were suppurating spots, marking the site of former adhesions of the prepuce to the corona. The entire crown of the organ was in a red, irritated condition, but contained no imprisoned smegma or pus.

After the examination, I ordered the prepuce retracted once each day, parts cleansed, and then sponged with some mild astringent. At this time, his father states that the irritation has subsided, and that there are no symptoms whatever of epilepsy.

The analysis of this case I conceive to be this:—At the time of his first seizure, there was either adhesion of the prepuce to the corona of the organ, or the prepuce enveloped the crown so closely that the heretofore accumulated smegma (and perhaps pus) could not make its escape, acted as a foreign body, irritated the

sentient nerves, and through these the convulsive centre or centres. That this condition continued until last April, when the adhesions or resistance gave way before the imprisoned matters, and they made their escape; these sentient nerves were no longer teased; the cause was removed, and the boy recovered.

CASE 2.—Charles Fisher was attacked with epilepsy on April 7, 1874. Up to that time he was a well-developed, good-looking, bright boy, and enjoyed uninterrupted good health. His attack was of a sudden character, and not preceded by any premonitions; marked by about the same characteristics as the former case, as regards the frequency, duration and intensity of the attacks; and this order continued, in modified form, under large doses of the bromides, and other treatment that seemed to be indicated, until the 27th of December, 1875.

On December 21, 1875, I examined his genital organs, and found firm adhesions just behind the meatus urinarius; and on Dec. 27, 1875, I separated these adhesions and retracted the prepuce, behind which was imprisoned smegma in considerable quantity, and the parts were in a state of irritation.

From the date of his attack, until this time, he had gradually grown dull and listless; was clumsy, irascible, and his eye, at times, generally preceding his attack, would assume the appearance of a fish's. His parents stated that before, during and after these groups of convulsions, he would complain of his penis, and that it was often in a state of erection. After the breaking up of adhesions, over a month ago, all medication was suspended, and at present he is well; has not had a single symptom of a convulsion since; has regained his former activity, and his eye its wonted expressiveness. The change in his condition is so great that I have no fears of a return of his trouble.

Catheterization of the Eustachian Tube.

In the *Louisville Medical News*, Dr. M. F. Coomes writes:—

How many medical students are there that graduate in America who never hear a lecture upon the uses of the Eustachian catheter? A little inquiry will tell the story. I am fully confident that there are hundreds of doctors in our midst that have not even seen a Eustachian catheter, and would in all probability fail to recognize the instrument if shown to them. They are not to blame, nor were their teachers, especially those who taught in former years; but at this advanced age I think that every practicing physician should at least understand the uses of the instrument sufficiently well to enable him to know when it is demanded, that he may advise his patient accordingly, and save him from the evil consequences that so many suffer.

The difficulties in manipulating the Eustachian catheter are not numerous. A thorough knowledge of the anatomy of the structures with which you have to deal is the most

important thing. Possessing this, and bearing the fact in mind that no undue force is to be used, success will attend almost every effort. Its introduction as compared with the introduction of the urethral catheter is one of the easiest and most simple operations in surgery, while the introduction of the urethral catheter is considered among the difficult ones. As a means of relieving pain, I am satisfied that if every doctor understood the uses of the Eustachian as well as the urethral catheter, the results obtained from the former would equal those of the latter in every respect. Almost every case of otalgia may be relieved by the use of the Eustachian catheter and air-bag.

As a means of diagnosis the Eustachian catheter is of incalculable value. In this respect its uses are equally as important as the urethral or sound. In fact, it plays the same part in the treatment of many aural affections that the urethral catheter and sound do in the treatment of many vesicular affections. With it we can determine whether or not the Eustachian tube is permeable; we can tell whether or not the tympanic cavity contains a fluid; by its aid we are enabled with great certainty to say whether or not the drum membrane is in normal condition. Without it the introduction of medicated liquors and vapors into the tympanum would be next to an impossibility; but with it and the air-bag, and other suitable appliances, we are enabled to cleanse the tympanic cavity quite sufficiently for all purposes, and introduce solutions in the form of a spray, which, entering the drum cavity in any other shape, would be exceedingly painful and injurious, if not dangerous.

I may say that this is the only way in which the middle ear of the adult may be thoroughly cleansed; and furthermore, it is the only means by which we can introduce a definite quantity of medicine into the drum cavity with any certainty. In the treatment of all affections of the tympanum in the adult characterized by a purulent or other discharge, the Eustachian catheter is an indispensable instrument, if it is desirable to effect a cure.

The introduction of simple or medicated vapors into the tympanum would be impossible were it not for this instrument; and likewise the introduction of bougies into the Eustachian tube would be almost impossible and highly impracticable were it not for the catheter.

The propriety of sounding the Eustachian tube is questionable, because at best the caliber of the canal is exceedingly small, and relief obtained by the use of bougies, as a rule, would be only temporary; and should the walls of the canal become lacerated or damaged sufficiently to leave a cicatrix, there would be an irreparable injury done. Not only may the walls of the Eustachian tube be injured, but it is possible that a bougie may be passed into the tympanic cavity and set up an inflammation, which, in all probability, will terminate in suppuration, injury of the ossicula auditus, and other evil consequences that are liable to

result from such a procedure. The advocates of this practice may set forth the plea that they have "landmarks" by which they are safely guided. Theoretically, these "landmarks" may hold good, but practically they cannot be trusted. It is an established fact that no two individuals are formed exactly alike, nor is any particular organ of two individuals formed just alike in every respect; hence the absurdity of saying that we can determine the distance from the beak of a Eustachian catheter to the tympanic orifice of the tube after it is introduced. The distance may be approximated, but not accurately estimated.

Strange Locations for Primary Chancre.

The very great importance of recognizing primary syphilis induces us to quote some instances of the unusual localities it sometimes attacks. One such we quote from the August number of the *Canada Medical and Surgical Journal*. It was under the care of George E. Fenwick, M. D. Reported by J. D. Cline B. A., M. D., Assistant House Surgeon, M. C. H.

N. M., a Dane, aged forty-four, was admitted into hospital on the 7th of July. His right eye and cheek were very much inflamed, and on the palpebral margin of the lower lid was a sore about the size of a split bean, with prominent edges, and well marked cartilaginous induration of the edges and base. There was a similar sore at the inner canthus. His eye had been sore, he said, for three weeks. He attributed it to exposure to sun and wind. The patient had been a farm laborer. There was a large indurated gland at the angle of the face, and a chain of smaller ones down the right side of the neck, below the mastoid process.

On his admission there was applied to the side of his face lead lotion, which removed the erysipelatous redness of the cheek; but the sores were spreading.

July 9th. Touched the sores with strong nitric acid.

July 12th. As the sores did not tend to heal, Dr. Fenwick put him on constitutional treatment, ordering—

R.	Hyd. bichlor.,	gr. j
	Potass iod.,	ʒi
	Ext. sarzæ fld.,	ʒj
	Aquæ,	ad., ʒvj.

Of which a tablespoonful was taken three times a day. On the same day the sores were again cauterized with nitric acid.

From this day the sores began to improve, and by the 24th the large sore was reduced to the size of half a split pea; the induration was disappearing, and also the enlargement of the glands. As the man was anxious to return to work he was discharged but ordered to continue the medicine. It was impossible to ascertain what had been the direct source of contagion. I omitted to remark that he had no sore anywhere else on his body. He had been sleeping with a fellow laborer, a young man, and using

the same towels, but he did not know whether this young man was diseased or not. He had never suffered from anything of the kind before the present sore made its appearance.

From the peculiar nature of the sore, its firm, hard, cartilaginous base, the scanty secretion, absence of pain, and the induration of the lymphatics at the back of the neck; and furthermore its rapid improvement under constitutional treatment, there can be no doubt that the case, however singular in its situation, is one of primary syphilitic origin.

The second is given in the *British Medical Journal*, by Dr. Edward Nettleship. He writes:

Mrs. G., aged about twenty-eight, was sent to me at the South London Ophthalmic Hospital by Dr. Baxter, on April 3d, 1875, for a lachrymal abscess consequent on some obstruction in the left nostril. She was eight months pregnant. Beside the left lachrymal abscess, there was considerable dusky inflammatory swelling of the skin on the corresponding side of the nose and cheek; the left nostril was completely blocked, and as much of the mucous membrane as was visible presented an unhealthy-looking ulcerated surface, which ended below by an abrupt edge at the junction of the nasal mucous membrane with the skin of the proballium. She complained of much pain in the nose. The appearance of the ulcer was suggestive of a syphilitic origin, but I did not feel able to decide, without more evidence, whether, if syphilitic, it was a chancre or a tertiary ulcer. A considerable mass of indolent enlarged lymphatic glands were present in front of the corresponding ear and behind the lower jaw, and they were stated to have appeared since the obstruction in the nose began; as, however, there was some degree of similar enlargement, of several years' standing, on the other side, the diagnostic value of the former mass was diminished. The woman said that the earliest symptoms had begun shortly before Christmas, 1874, with a swelling of the left side of the nose below the position of the abscess, accompanied by obstruction of the nostril, and soon followed by the symptoms of acute lachrymal abscess. No other facts corroborative of the suspicion as to syphilis were obtained at this visit. Iodide of potassium and black wash were prescribed. My questions had, however, roused her suspicion, and the next time I saw her she said that she had some sore places on the genitals, which had been present about six weeks; she would not, however, allow an examination. At this date (7th) Mr. Hutchinson saw her, and considered the sore in the nose to be probably syphilitic, but from the evidence then forthcoming, was unable to decide whether it was primary or not. He advised free cauterization with nitric acid, as he thought that the sore threatened to become phagedænic. I applied this on the 8th, when she also submitted to an examination of the genitals, and I found on the labia several well-marked condylomata, but no ulceration and no inguinal bubo. There was no rash elsewhere on the skin, and no sore throat. She was quite

clear in her statement that she had noticed nothing amiss with the genitals until six weeks previously, i. e., until about two months after the symptoms began in the nose. The acid acted well, and on the 10th the sore in the nose was much healthier; mercury was now begun internally, black wash ordered to the nostril, and calomel to the condylomata; the iodide was discontinued. On the 14th she was confined, and I did not attend again until May 5th, when I learned that the child (a boy) was healthy-looking at birth, but withered away rapidly and died at nineteen days old, the medical attendant giving her to understand that he considered it to be syphilitic. The sore in the patient's nostril had improved, but she now showed a few papular, shiny, dullish red spots on the back of her neck. Mercury, which had been discontinued since April 14th, was now resumed. On May 8th, there were numerous similar spots on the fronts of the forearms, insides of the thighs, and on the abdomen, while those on the neck had enlarged; the rash was quite characteristic of secondary syphilis. Under the continued use of the mercurial, the rash rapidly diminished, and had almost entirely disappeared on May 19th. She has continued the mercury, with a few short intermissions, to the present time. She is now quite free from secondary symptoms, the ulcer in the nostril has been quite healed for some weeks, and her health has improved very markedly. The opposite sides of the nostril have adhered together, probably owing to the free use of the nitric acid; its channel is, therefore, still quite blocked, and the lachrymal fistula continues to discharge muco-purulent matter; there is, however, no inflammation of the nostril whatever, and she experiences so little inconvenience from the condition of things, that she is not very anxious to undergo any operative treatment. With regard to the probable source of her chancre I could learn nothing of any value. Her husband would not admit to her that he had ever had venereal disease, and the woman herself did not know of any accidental source of contagion.

Norwegian Leprosy.

Dr. Neumann, of Vienna, has published in the *Allg. Wien. Med. Zeit.* (March 7th, 1876), an article on the etiology of this disease. Authors are not quite agreed whether it is hereditary or not; but it would appear that it is contagious. Low lands on the coast and bad food and shelter have much to do with the appearance of the disease in both hemispheres. The prognosis is generally very bad; the patients mostly perish of marasmus, pneumonia, phthisis, albuminuria, etc. The author makes a statement which, at least, as regards Scotland, would require confirmation. He says that in Norway the vas deferens of boys affected with leprosy is tied, to arrest procreation, and that in Scotland castration is performed upon leprosy lads for the same purpose.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Cyclopædia of the Practice of Medicine. By Dr.

H. von Ziemssen. Edited by Albert H. Buck, M. D. Volume IV, Diseases of the Respiratory Organs. Wm. Wood & Co., New York city.

The contents of this volume include the general diagnosis and treatment of diseases of the nose, pharynx and larynx, written by Dr. Bernard Fraenkel and translated by Drs. G. M. Lefferts and E. W. Schaufliker; anemia, hyperemia, hemorrhage, abnormal color, and the catarrhal inflammations of the laryngeal mucous membranes, by Professor von Ziemssen; croup, by Dr. Steiner; diseases of the trachea and bronchi, by Dr. Riegel; and of the pleura, by Dr. Fraentzel. Drs. J. Solis Cohen, A. Brayton Ball and J. Burney Yeo are the other translators. The volume has 805 pages, and is thus the largest of any of the series yet issued. The articles are in all respects equal to those in previous volumes, though we acknowledge to have been somewhat disappointed in Dr. Fraenkel's chapters on therapeutics. Perhaps the best of the articles is Dr. Riegel's essay on diseases of the trachea and bronchi, which include catarrh and inflammation of the tracheal and bronchial mucous membranes, bronchial croup, stenosis, bronchial asthma and foreign bodies.

Whooping cough and oedema, new growths, ulcers and neuroses of the larynx, which properly belong in this volume, will be incorporated in volume VII, owing to the considerable bulk of the present one. Both subscribers, editor and publishers are to be congratulated on the satisfactory progress of this important work, and it is gratifying to learn that it has received ample support from the profession.

An Elementary Treatise on Diseases of the Skin, for the Use of Students and Practitioners. By Henry G. Piffard, A. M., M. D., Professor of Dermatology, University of the City of New York, etc. With illustrations. London and New York, Macmillan & Co., 1876. 1 vol., cloth 8vo., pp. 377. Price \$4.

Dr. Piffard does not offer this as a complete or extended work on the speciality to which it is devoted, but as "an introduction to the more

elaborate works upon dermatology;" hence, rather a student's manual than a scientific treatise.

On the vexed question of classification, he pursues the "natural or etiological" plan, dividing the skin diseases into five groups: 1. Diathetic Affections. 2. General Non-diathetic Affections. 3. Reflex Affections. 4. Local Affections. 5. Affections of Uncertain Nature. Syphilides, scrofulides, and rheumides are examples of the first class. In counting as the last mentioned (rheumides) such extremely common complaints as eczema, psoriasis and pityriasis, the author shows his strong leaning to the doctrines of the leading French school of dermatology, in which partiality he is not backed by many non-Gallican teachers. The weakness of the etiological classification is, it seems to us, conspicuously shown in this forced grouping. It is seen again in the long list of "affections of uncertain nature," which include such prominent types as erythema, lichen, molluscum, prurigo, purpura, pemphigus, elephantiasis, etc. A classification which confesses itself inadequate to subsume these diseases has as yet little claim to be called such, whatever the future may have in store for it.

As a consequence of this vagueness, the practitioner will occasionally find himself at a loss to identify his clinical experience with the book. Thus, one of the most common of affections is seborrhœa of the scalp; yet nowhere in Dr. Piffard's table of contents or index is the word *seborrhœa* found. All affections of the sebaceous glands are included under *acne*; but among these again there is no clear description of the complaint in question. Whatever reason he might assign for such omissions, none will hold good in a work professedly designed for the student, to whom the classification of skin diseases is always sufficiently bothersome, without having it rendered more so by this designed neglect of synonyms.

These are serious faults in Dr. Piffard's work, so far as the general medical neophyte is concerned. Much less can be said against it as a volume for the specialist. The very beautiful albertype plates which illustrate it, and the original pathological observations it contains render it really valuable to the professed dermatologist. The treatment, though given sometimes in disappointingly general terms, is that of a practical physician, and shows clinical

observation. Of the mechanical execution of the work we need only say that it is in every way worthy of the well-known publishing house which has issued it.

An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M. D., London, etc. Second American from the third revised and enlarged English edition. Illustrated by one hundred and eleven engravings on wood. Philadelphia, H. C. Lea, 1876. 1 volume. 8vo, cloth, pp. 316.

The rapid extension of the department of pathological anatomy obliges the student who would keep pace with it to frequently renewed studies, and the author who would have his works adequately represent its progress to constant revisions. Dr. Green is aware of this, and having been very successful in supplying the wants of those who desire a clear, brief exposition of the principles of morbid anatomy, he has merited their further approbation by two carefully revised editions of his treatise. Much new matter is added, and a number of original engravings have been inserted.

Starting with the function of nutrition as his *point de repère*, he considers its arrest and its impairment, the numerous forms of degenerations, and then its morbid increase as shown in new formations (morbid growths). This is a truly philosophical scheme, and the phenomenon of inflammation which occupies the rest of the book should have been regarded as a further illustration of mal-nutrition. But while the author acknowledges that in it alteration of nutrition plays a prominent part, he goes on to say that "changes in the blood-vessels and in the circulation are its essential and most important constituents." This is certainly putting the accident for the substance, as logicians say. Inflammation is the collective name applied to a class of phenomena attending the defect of nutrition brought about by an injury. The distinction is not idle, and is essential to a clear conception of the relation of morbid to healthful processes.

While in some of these broad views Dr. Green is open to criticism, his descriptions of special forms of disease are concise and lucid. His work is one which shows dissecting-room work rather than book learning. His position as lecturer on the topic at Charing Cross Hospital Medical School gives him ample opportunity for practical observation, and he has evidently made good use of it.

The Schuylkill: A Centennial Poem. By M. K. C. Philadelphia, J. H. Coates & Co.

The stream which winds through Fairmount Park, adding so much to the beauty of its landscapes, has a double claim to the attention of every visitor, first for its exceeding picturesque quality, and then for its many historic associations. The latter are familiar to every reader of Revolutionary history, and the former fired the genius of Thomas Moore and Buchanan Read to some of their most exquisite productions.

These associations are very prettily recalled in a little volume of verse whose title is given above. Without pretension to compete with those masters of song, the author (whose initials, by-the-way, if read as Hamlet suggests Polonius should count his age, are those of a well-known physician of this city) gives us in graceful rhyme descriptions of scenery, historic incident, and personal adventure, which will be read with much pleasure by all those who are acquainted with the stream and its surroundings.

We quote the following description of Valley Forge, the spot occupied by Washington and his army during the terrible winter of 1777-8:—

"Where yonder upward floating fleece
Betokens industry and peace,
Is Valley Forge, whose landscape bright
Knew once a darkly warlike sight;
Across whose quiet fields and wood
Run remnants of intrenchment rude;
Whose smiling meadows felt the tread
Of those who at each footstep bled;
Whose healthful breezes bore the breath
Of famine, pestilence, and death.
O tale of hunger, pain, and care,
Of bleeding feet and wasted forms,
Of nakedness and wintry storms,
Of heroism, death, and prayer!—
Thou art a glorious memory,
To teach the worth of liberty!
And heirs of liberty should here
Their stateliest votive offering rear."

The faithful and well executed engravings with which the volume is richly supplied, and the handsome style in which it is printed, together with the subject and its treatment, combine to make this the most agreeable souvenir which the visitor to our city this summer could carry back with him.

—Report of Eye and Ear Dispensary, Philadelphia, 1876. The total number of operations in this infirmary for the past year amount to 1061.

THE
Medical & Surgical Reporter.

A WEEKLY JOURNAL,
Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	\$5.00
Half-Yearly Compendium of Med. Science,	3.00
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders be drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

MOTION AS RELATED TO LIFE.

In the seventeenth century HUYGHENS and NEWTON, by their combined labors, formulated the three fundamental laws of motion. Their contemporary Dr. NEHEMIAH GREW, a practicing physician of London, first laid down in his work, the *Cosmographia Sacra*, the doctrine that motion, or energy, or force, is indestructible, and is never lost, but is only transferred from one form of existence to another.

This latter masterly generalization, or rather intuition of genius, waited for its full development until the middle of this century, when it was presented anew as the theory of the correlation and conservation of force. At the same time AUGUSTE COMTE wrote his biological works, maintaining that all organic motion must be held subject to the laws of motion in general. This last thesis has received further amplification at the hands of Dr. CHARLES BLAND RADCLIFFE, of London, in a work entitled *Vital Motion as a Mode of Physical Motion*, a sketch

of whose argument we give from English reviews.

His leading proposition is in many respects a novel and a startling one. He endeavors to prove that contractility is not a vital process, but, on the contrary, is a state which is occasioned by the withdrawal of an inhibitory influence serving to keep up the state of muscular relaxation; therefore that life is not the occasion of motion, but is concerned in antagonizing it, at least in so far as it depends on muscular contraction; that this contraction is due to physical causes, and therefore that vital motion is a mode of physical motion.

This idea he endeavors to support by various experiments and physiological and pathological observations, both by himself and others. Experimenting on living and dead amoebae, fresh-water sponges, myxomycetes, and also pus, mucus and distilled water, he found that Thompson's electrometer failed to show any distinction between the living and dead state of protoplasmic substance, or between these substances, living and dead indifferently, and sculptor's clay. From this he argues that there is no difference between the electrical condition of living protoplasmic substances and lifeless bodies generally, but that any observed electric state in them is due to the electric state of the earth.

He is also led to believe "that amoeboid movements are the simple result of the action in amoeboid bodies of the electricity belonging to these in common with all terrestrial bodies." He holds that the electric state of the earth is one not of zero, but of *charge*, and that this charge is subject to remarkable tides and wave-movements; that things so charged must be in a state of expansion, and that this state of expansion must vary with every variation in the charge; and that this expansion takes place more readily in bodies, or in parts of those bodies, which are less solid than in those which are more so. Hence, changes in expansion take place more readily in parts of amoeboid

bodies which remain in a state of nascent protoplasm, and not in the parts which have become granular; and thus the peculiar amoeboid protrusions are produced in obedience to the oscillations of the earth's electric state, at least as far as the electro-physics of these organisms is concerned.

In his own words:—

"The sum of the whole matter amounts to this, that the different forms of electricity, the voltaic, the Franklinic, the Faradaic, and that which is natural to living substances, all agree in acting, not by polarization, or by any other working of the constant current, but by the charge or discharge of free electricity, the charge (the negative as well as the positive, but not to the same degree) causing the state of rest, and with it more or less expansion, by keeping the charged molecules in a state of mutual repulsion, the discharge bringing about action, and with it the state opposed to expansion, by leaving the now chargeless molecules free to yield to simple molecular attraction."

In applying these principles to physiology, Dr. RADCLIFFE feels justified in supposing that, as relaxation, not contraction, is associated with the presence, and contraction, not relaxation, with the absence of red blood, the action of the blood tells in preventing muscular action rather than in producing it. "That the action of the blood in vital motion may be really resolvable into that of electricity; that the blood may antagonize the state of action in nerve and muscle, because its oxygen has to do with the keeping up of that electro-motive condition in nerve and muscle which antagonizes the state of action in nerve and muscle, and which in muscle keeps up in addition the state of relaxation."

In conclusion, Dr. RADCLIFFE believes he has established the following facts:—1. That the exaggeration of vital motion is not consequent on exalted vitality due to hyperæmia. 2. That vital motion is merely a mode of physical motion, for which the only key needed is that which is supplied in the natural workings of electricity and elasticity. 3. That amoeboid

movements are the simple result of terrestrial electricity. 4. That muscular fibres are analogous to amoeboid bodies, and are in a state of relaxation from the action of electric "charge." 5. That nerves resemble muscles electrically, and that muscles and nerves interact on one another. 6. That the work of circulation and nervous action is carried out by electricity. 7. That the due electro-motive action of the nerve centres, and of all other parts of the nervous system, is dependent upon a due supply of arterial blood.

We do not pretend to offer any criticisms on these doctrines. But the most hasty reader will not fail to see in them the fruits of deep thought, and a conception of life which must place it in quite a different aspect from what it has been usually defined heretofore.

NOTES AND COMMENTS.

Animals and Vegetables.

In a recent lecture, Professor Huxley remarked that the advance of science, so far from affording new and more accurate means of diagnosing the members of the two kingdoms from one another, has tended to show that the simpler forms of each are really indistinguishable, and that a new kingdom, corresponding to that which has recently been characterized as the "Protista," by Haeckel, and which shall include all the simpler types of organization, must be admitted. Cuvier considered that the main distinctions between an animal and a plant were, that the animal had the power of locomotion, and consequently possessed all the apparatus requisite for that purpose; secondly, that it possessed a digestive cavity, and, as a rule, a circulatory apparatus; thirdly, that its chemical composition was characterized by the presence of nitrogen; and, lastly, that while animals exhaled carbonic acid gas, vegetables exhaled oxygen. But one by one these several diagnostic marks have been proved to be inaccurate. Recent investigations have clearly shown that all living matter, whether animal or vegetable, contains nitrogen; and that all plants, when not exposed to sunlight, exhale carbonic acid, while some, as a fungi, exhale it even when exposed to sunlight. The diagnostic mark drawn from

the supposed presence of a circulatory apparatus was practically given up by himself, while the microscope has revealed multitudes of vegetable organisms which possess active powers of locomotion.

The Kentucky Shower of Flesh.

At last we have a proper explanation of this much talked of phenomenon. Mr. L. Brandeis writes to the *Sanitarian*, for May:—

In 1537, while Paracelsus was engaged in the production of his "elixir of life," he came across a very strange-looking vegetable mass, to which he gave the name of "Nostoc."

The want of rapid transportation, combined with the perishable nature of the substances fallen, have hitherto prevented a complete and exhaustive examination. The specimens of the "Kentucky shower," however, reached this city well preserved in glycerine, and it has been comparatively easy to identify the substance and to fix its status. The "Kentucky wonder" is nothing more or less than the "Nostoc" of the old alchemist. The Nostoc belongs to the confervæ; it consists of translucent, gelatinous bodies, joined together by threadlike tubes or seed-bearers. There are about fifty species of this singular plant classified; two or three kinds have even been found in a fossil state. Like other confervæ, the Nostoc propagates by self-division as well as by seeds or spores. When these spores work their way out of the gelatinous envelope they may be wafted by the winds here and there, and they may be carried great distances.

Wherever they may fall, and find congenial soil, viz., dampness or recent rain, they will thrive and spread very rapidly, and many cases are recorded where they have covered miles of ground, in a very few hours, with long strings of Nostoc.

On account of this rapidity of growth, people almost everywhere faithfully believe the Nostoc to fall from the clouds, and ascribe to it many mysterious virtues. The plant is not confined to any special locality or to any climate; sown by the whirlwind, carried by a current of air, in need of moisture only for existence and support, it thrives everywhere. Icebergs afloat in mid ocean have been found covered with it. In New Zealand it is found in large masses of quaking jelly, several feet in circumference, and covering miles of damp soil; and in our own country it may be found in damp woods,

on meadows, and on marshy or even gravelly bottoms.

All the Nostocs are composed of a semi-liquid cellulose and vegetable proteine. The edible Nostoc is highly valued in China, where it forms an essential ingredient of the edible bird-nest soup. The flesh that was supposed to have fallen from the clouds in Kentucky is the flesh-colored Nostoc (*N. carneum* of the botanist); the flavor of it approaches frog or spring chicken legs, and it is greedily devoured by almost all domestic animals.

Such supposed "showers" are not rare, and are entirely in harmony with natural laws. In the East Indies the same Nostoc is used as an application in ulcers and scrofulous disease, while every nation in the East considers it nourishing and palatable, and uses it even for food when dried by sun heat.

Irritable Bladder in Women.

A plan of treatment of this very annoying complaint is given by Dr. Brabazon, in the *British Medical Journal*. In the first place, he writes, I would say that the treatment I am about to recommend is only suitable in uncomplicated cases of irritable bladder, which, in my experience, are rare in the female, though occasionally met with. The treatment to which I allude is injecting the bladder with a solution of nitrate of silver and extract of belladonna, in the proportion of two grains of the former and six grains of the latter to two ounces of distilled water. This solution should be injected twice a week, and allowed to remain in the bladder for about from three to five minutes, and then withdrawn through the canula. Several months may be necessary for a cure.

Catherine Hohmann, the Hermaphrodite.

This person has been traveling in this country, and Dr. E. W. Sawyer, of Chicago, reports an examination of him (?) in the *Journal and Examiner*. His conclusions are these:—

"In view of the facts: first, that this creature does possess the essential characteristics of the male, for his semen, which has been examined by Virchow, contains numerous spermatozooids; second, that there is a possibility that the blood which escaped periodically from the urethra may not have been true menstrual blood, for this creature soon realized that he was the subject of great wonder, and might

have easily inflicted some slight wound of the canal, sufficient to have produced an oozing of blood; moreover, the microscopical appearances of menstrual blood are, by no means, thought by all to be distinctive—in view of these facts, I say, it seems more rational to call this a malformed man, with hypospadias and incomplete cryptorchidia. Or, at most, we must allow this creature to remain unclassified, until a post-mortem examination shall establish, beyond doubt, the presence of the essential organs of the female, the uterus or the ovary."

Rules in Administering Arsenic.

Dr. H. Griffith, in the *Medical Press and Circular*, states that the following rules relative to the administration of arsenic should be carefully observed:—

1. It should never be given where there is a feverish state of the system; a quick pulse and a hot skin contra-indicate its employment.
2. It should be given shortly after meals—never on an empty stomach.
3. It should not be given in the solid form, nor should it be given in increasing doses. As a rule, five minims of Fowler's solution should be the maximum dose for an adult.
4. The dose should be diminished, or the administration altogether ceased, on the occurrence of pain in the epigastrium, nausea, or irritation of the eyelids.

Heart Disease and Pregnancy.

In an article in the *Archives de Tocologie*, Dr. Duroziez produces numerous clinical facts to show that the existence of heart disease retards the establishment of menstruation, and that the catamenia are often irregular or too profuse. Sterility is observed in some cases, and in others abortions are frequent. The prognosis in young women who marry, being the subjects of heart disease, is serious. There is, as has been shown by the researches of Larcher, Blot, and others, hypertrophy of the left ventricle during pregnancy.

A Physiological Curiosity.

Under the above heading, Dr. Valentin Kiparsky, in the *Medicin. Central Zeitung* relates a case of an old soldier of seventy-two, who came to his hospital complaining of indigestion, loss of appetite, and eructations. After a time, on the 19th of November, he was seized with vom-

iting, and threw up five mushrooms and two raisins. They were whole and seemed fresh, but the patient stated most positively, and his statements were borne out by the testimony of others, that he had swallowed them at his daughter's wedding, August 4. At no later period had he eaten of either. After vomiting them, he rapidly recovered his health.

New Buildings as Sources of Disease.

While the health of this city continues exceptionally good, it is to be hoped that no sense of false security will be felt. The large number of new and partly new houses is an unusual source of danger. The Italians have a proverb which says: "When you have built a new house, rent it to your enemy for the first year, to your friend for the second, and then go into it yourself." Yet hotel proprietors will make large additions to their houses, and as soon as the workmen have gone out put unsuspecting travelers into newly-plastered rooms. Dangers of typhoid fever, rheumatism, neuralgia, etc., are thus terribly enhanced.

Solubility of Salicylic Acid.

At the Paris Therapeutical Society, M. Chassan stated that he has found the addition of citrate of ammonia to greatly increase the solubility of this acid, either in alcohol or in water. Thus, while 40 or 50 parts of rum are required to dissolve 2 of the acid, if 1 part of the citrate of ammonia be added, only 8 parts of rum are required to dissolve the 2 parts. If from $2\frac{1}{2}$ to 3 parts of the citrate be added, 120 parts of water will dissolve 2 parts of the acid; while without this addition 1000 parts of water would have been required. M. Chassan proposes the following formula:—Salicylic acid 4, citrate of ammonia 2, rum 30, and distilled water 164 parts; or this: Salicylic acid 1, citrate of ammonia 2, syrup 30, and distilled water 120 parts.

Pruritus Vulvæ

In this troublesome complaint, Dr. Gill, of St. Louis, in the *St. Louis Medical and Surgical Journal*, recommends the use of nitrate of alumina. It has in his hands given more satisfaction than any other remedy. He orders four to six grains to the ounce of soft water, to be used as a vaginal injection or external wash, once or twice a day if necessary.

The Sleep of Plants.

Last week, at the meeting of the Philadelphia Academy of Sciences, Mr. Thomas Meehan said that what was popularly known as the "sleep of plants," the closing of some kinds at nightfall, though a matter within common observation, had not, so far as he was aware, been made a subject of physiological investigation, with the view of ascertaining the value, if any, of this kind of motion in the economy of plant life. He had recently discovered, by means of this peculiar motion, that the common claytonia virginica and some buttercups were fertilized by their own pollen. The fertilization of these plants had been somewhat of a mystery to him, as, in view of some prevailing theories of cross fertilization by insect agency, these plants ought not to be self-fertilized; but from repeated observations he was satisfied that no insects had visited plants that had not yet seeded abundantly. The process of fertilization in claytonia and ranunculus, independent of insect agency, was minutely described.

Plants, of course, had peculiar functions to perform, and there were preordained plans and special arrangements through which these functions are exercised. But the workings of plant life are so complicated that, though we see certain results follow certain movements, we are not always sure that we perceive the great and deeper object arrived at in the order of nature. Hence arose the differences of opinion prevailing in regard to the object of cross fertilization. Some plants had arrangements which seemed to preclude the possibility of self-fertilization, and the assumption followed that nature abhorred close breeding in plants, and specially designed such structures to secure the plant against it. He believed that nature had a deeper purpose, as yet unknown, and chiefly because of such instances as he had given this evening, where nature could not abhor close breeding, when the result of the "sleep of plants" was most perfect in securing self-fertilization.

The Pennsylvania Hospital.

The Annual Report of this institution states that in 1875 the number of cases treated in the wards was 1814; of these there have been discharged 1659; accidental injuries treated within the year, 598; patients remaining in the hospital, 155. The out-patient department reports the following:—Medical cases, new patients, 869;

medical visits, 1754; surgical cases, new patients, 2106; surgical visits, 11,358; total new patients, medical and surgical, 2975; visits to hospital, 13,112, showing an increase over the previous year of 502 new patients, and of 4158 more visits to this department. The Report then discusses the question of endowing a ward so far as relates to maintaining within it incurables, so called. The proposition has been made to give the sum of \$50,000 toward the maintenance of a ward for incurables within the hospital square, provided the additional sum of \$50,000 is first raised or pledged by other contributors to this design.

A Grotto of Health.

At Monsummano, in the province of Lucca, high up in the picturesque Apennines, there is a cavern famed far and wide for its beneficent effects on chronic rheumatic sufferers. The invalid breathes the temperate air of the cave, bathes in the medicated waters that drip from its walls, and bids farewell to his sufferings. Such, at least, was the experience of Herr Hugo Knoblauch, a respectable German traveler, who has written a book on the grotto and its effects, well spoken of by our Prussian cotemporaries.

The Food Equivalent of Health.

General Sherman, in his chapter on the "Military Lessons of the American War," says: "To be strong, healthy, and capable of the largest measure of physical effort, the soldier needs about three pounds gross of food per day, and the horse or mule about twenty pounds."

CORRESPONDENCE

Gunshot Wound in Pregnancy.

ED. MED. AND SURG. REPORTER:—

Mrs. J. J. Jones was accidentally shot on the night of October 21, 1875, by her husband, who supposed her to be a burglar. The weapon used was an army revolver, .44 calibre, conical ball. The missile entered between the second and third ribs, about one inch from the sternum, passing through the right lung, and escaping through the inferior angle of the scapula, about three inches below the spine. Its momentum was sufficient to carry it through an ordinary pine door, after it left the body.

There was much hemorrhage and severe shock. She, however, made a fair recovery at the end of four weeks, though pregnant, in the seventh month, with her first child. The treatment consisted in giving internally tr.

opii deodorata, and externally by applying warm whisky and water. The lint, which became at first agglutinated to the edges of the wounds by coagulated blood, was allowed to remain, as it hermetically sealed the openings, until recovery had nearly taken place.

At her full period she was delivered of a healthy boy, although it was a foot presentation. During the delivery, after the feet had protruded from the vulva, the limbs were tucked back in such a manner that the knees rested firmly upon the perineum. This was done for a double purpose: first, to impede the easy progress of the child, and thereby to stimulate the uterus to its full expulsive efforts, for it has been my experience to find the pains in nearly all foot presentations quite feeble; second, to dilate the perineum. After these two objects were accomplished, the limbs were allowed to escape, and the child was speedily delivered, in a healthy condition. The mother is now healthy, free from cough, and nursing her babe, which is strong and bright.

F. J. BANCROFT, M. D.

Denver, Colorado.

Case of Gunshot Wound of the Head.

ED. MED. AND SURG. REPORTER:—

On the fifth day of June, 1875, the writer was called to a young man, aged 20 years, in good health, who had received an accidental gunshot wound on the parietal eminence; the course of the ball was upward, and somewhat backward, excavating a groove sufficiently large to admit the index finger, penetrating the coverings of the brain and removing a small portion of the brain tissue. Having arrived about an hour after the wound was inflicted, I found the patient comatose, hemorrhage excessive, with radial pulse, 30 per minute. Through the opening made by the ball protruded a part of the brain as large as a hen's egg, constituting a species of *hernia cerebri*. At once, light and continued pressure was made, which, together with the influence of gravitation for fourteen hours, had the desired effect of reducing the brain substance to a plane corresponding with that of the internal table of the parietal bone. In two days he was sufficiently rational to narrate to his friends the particulars of the accident. In due time granulations appeared, which soon became very exuberant; these were repressed by the application of a leaden plate, and in ten weeks he had recovered, with only a slightly depressed cicatrix to mark the place of a serious wound. This case is worthy of remark, from the fact that the cerebral tissue protruded to the aforesaid extent, and was replaced without a particle of suppuration or any untoward symptoms.

Campbell Hill, Ill. N. R. GORDON, M. D.

—The valuable tract of land including Hot Springs, Ark., has been decided by the Supreme Court to be government property. A resolution has been offered in Congress to sell it at public sale.

NEWS AND MISCELLANY.

Medical Society of the State of Pennsylvania.

The Twenty-second Annual Session will be held in the city of Philadelphia on Wednesday, May 31st, 1876, at 3 P. M. The appointments are:—To prepare—The Address in Surgery, Dr. D. Hayes Agnew, Philadelphia. The Address in Obstetrics, Dr. R. Davis, Wilkesbarre. The Address in Medicine, Dr. James Aitken Meigs, Philadelphia. The Address in Hygiene, Dr. Benjamin Lee, Philadelphia. The Address in Mental Disorders, Dr. John Curwen, Harrisburg. The Secretaries of County Medical Societies are earnestly requested to forward at once their lists of *Officers and Members*, with the *Post-office address of each member*.

WM. B. ATKINSON, M. D.,
Permanent Secretary,
1400 Pine Street, Philadelphia.

Convention of Medical Colleges.

The following circular has been furnished for publication:—

LOUISVILLE, KY., May 15, 1876.

Following a general correspondence with the various Medical Colleges of the United States, the undersigned issue this call for a Convention, to be held in Philadelphia, on Friday, June 2, 1876, four days in advance of the meeting of the American Medical Association. The object of the Convention is to consider all matters relating to reform in Medical College work.

That decided results may be reached, the Faculty of each College is earnestly requested to send one or more delegates, clothed with *plenary* powers to determine final action on every question.

Should any College find it impracticable to send a representative, it is hoped that it will set forth fully by letter to the Convention the views it may hold touching the suppression of existing evils and methods of practical improvement. The Faculty of each College is requested to indicate to the first named of the undersigned whether or not a representation from its body may be expected.

Officers of the following Colleges have informally signified their hearty approval of the movement:—

Jefferson Medical College; College of Physicians and Surgeons, N. Y.; Bellevue Hospital Medical College; Ohio Medical College; Miami Medical College; Rush Medical College; Detroit Medical College; Louisville Hospital Medical College; Medical Department University of Louisville; St. Louis Medical College; Keokuk Medical College; Cleveland Medical College; Starling Medical College; Medical Department of Georgetown College; Medical Department of Columbian University; Long Island College Hospital; Medical Department of Syracuse University; Evansville Medical

College; Indiana Medical College; Medical Department of University of Nashville; Atlanta Medical College; Mobile Medical College; Savannah Medical College; Augusta Medical College.

The Convention will be called to order in the hall of the Jefferson Medical College at 11 o'clock A. M. on the day above named.

J. B. BIDDLE, M. D., Jefferson Medical College.
Wm. H. MUSSEY, M. D., Miami Medical College.
JOHN T. HODGEN, M. D., St. Louis Medical College.

J. ADAMS ALLEN, M. D., Rush Medical College.
W. T. BRIGGS, M. D., Medical Department University of Nashville.

J. M. BODINE, M. D., Medical Department University of Louisville.

The Armstrong County (Pa.) Medical Society

Was permanently organized on Tuesday, March 28th, by the election of the following officers, to wit:—

Dr. David Alter, President; Dr. J. G. Cunningham, Secretary; Dr. T. M. Allison, Treasurer; Drs. T. A. Allison and Wm. H. Stewart, Censors; Drs. R. P. Hunter, A. G. Thomas, C. J. Jessop, Examiners.

Drs. T. M. Allison, Wm. B. Ansley and C. J. Jessop were elected delegates to the Pennsylvania State Medical Society at its next meeting.

The next regular meeting of the Society will be held in Kittanning, July 6th, at 10 o'clock, A. M.

DAVID ALTER, President.

J. G. CUNNINGHAM, Corresponding Secretary.

Items.

—Bombay has been suffering from an epidemic of small-pox, the severity of which almost recalls the plague-like devastation caused by this disease in pre-vaccination times. During the first eleven weeks of this year 1442 fatal cases of small-pox occurred in this Eastern city, the weekly numbers increasing steadily from 23 in the first week to 319 in the week ending the 14th of March.

—There has just been discovered at the Louvre the real portrait of the great anatomist, André Vesale, known by the famous engraving of "The Lesson in Anatomy." It is the work of Jean Calcar, the designer of the anatomical plates of Vesale. The illustrious surgeon is represented, at the age of 26, leaning on a column. On a ring on a finger of his left hand the following inscription has been made out:—"A. V. B. Andreas Vesalins Bruzelliensis," clearly establishing the authenticity of the picture.

—The Russian journals publish a long report of the commission charged by the Physical Society of the University of St. Petersburg to examine the phenomena of spiritualism. The report concludes that these phenomena are the result either of unconscious movements or of imposture, and that the doctrine of spiritualism is a superstition.

QUERIES AND REPLIES.

Dobell's Abstracts.

Dr. S. P., of Ohio, and others.—The price of Dr. Dobell's "Abstracts on Diseases of the Chest" is \$5.25. Copies can be obtained by addressing this office.

Dr. J. P. L., of Va.—You need be under no apprehension of either extortionate charges or deficient accommodations in attending the Medical Society meetings in Philadelphia this summer. Such fears are groundless.

OBITUARY.

DR. C. B. NOTTINGHAM.

The Atlanta Medical and Surgical Journal contains the following biographical notice of this member of our profession:—

Dr. C. B. Nottingham was born on the eastern shore of Virginia, May 18th, 1818; moved to Houston county, Georgia, in 1840, and began the practice of medicine. In 1840 he moved to Macon, Georgia, and rapidly built up a large practice. In February, 1860, he moved to northwestern Louisiana, to engage in planting, but in 1866 we find him again in Macon, where he was welcomed by his old patrons with open hearts, and soon was engaged in a laborious practice, continuing to the very day he succumbed and took his bed. After a lingering and painful illness of eight weeks, on the 15th day of March, 1876, he yielded his spirit to God, aged fifty-seven years, nine months and twenty-seven days.

MARRIAGES.

ARMSTRONG—COTTON.—At the residence of John W. Cotton, Winton Place, on Thursday evening, the 4th instant, by the Rev. J. F. Conery, Dr. C. L. Armstrong, of Cincinnati, and Miss Mary E. Cotton.

POTTER—PHILLIPS.—On the 26th ult., at St. Mark's Church, by the Rev. E. A. Hoffman, D. D., Thomas Clifford Potter, M. D., and Mary Marshall, daughter of Moro Phillips, Esq.

HINCHEY—THOMAS.—On the 28th ult., Dr. W. D. Hinchey, of Cincinnati, and Martha M. Thomas, of St. Louis, at the residence of the bride.

DEATHS.

BONNER.—At Cincinnati, April 4th, Dr. Stephen Bonner. A meeting of the physicians of the city was held at the Congregational Church, April 6th, for the purpose of taking action on the death of Dr. Bonner. The gathering was quite large, and the most profound regret was expressed by all at the sad event.

BURR.—In this city, on the 14th inst., Dr. Hudson S. Burr, in the 70th year of his age.

HALL.—Suddenly, on Wednesday, May 10th, Dr. W. W. Hall, editor of Hall's Journal of Health.

JAMES.—In Rising Sun, Ind., April 3rd, Mrs. Esther Jane James, wife of Dr. B. James, in the 71st year of her age.

ROCKWELL.—At Brooklyn, on Wednesday morning, 26th ult., Elsie, infant daughter of Dr. Frank W. and Elizabeth T. Rockwell.

BITTER.—On Friday, May 12th, 1876, Thomas Bitter, M. D., in the 71st year of his age.